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CBIC CIC Practice Exam 2023 LATEST EXAM

Medical intervention factors that affect risk of infection - ANSWER- indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers

environmental intervention factors that affect risk of infection - ANSWER- disinfectant type used, contact with animals, hand hygiene

anatomical/phys factors that affect risk of infection - ANSWER- preexisting diseases, trauma, malignancies, age, gender, and nutritional status

DMAIC - ANSWER- D=define customers, project boundaries, and processes

M=measure performance

A=analyze data to identify causes of variation, gaps in performance, and prioritize actions

I=improve the process

C=control the process to prevent reverting

What should an effective surveillance program be able to provide? - ANSWER- Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes

Define point prevalence - ANSWER- number of persons ill on the date divided by the population on that date.

Define attack rate - ANSWER- Number of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk

Define prevalence - ANSWER- fraction of a population having a specific disease at a given time

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CBIC Certified Infection Control Exam Sample Questions (Q155-Q160):

NEW QUESTION # 155

An infection preventionist is notified of a patient with Gram negative diplococci from a cerebral spinal fluid specimen. The patient was intubated during ambulance transport and intravenous lines are placed after arrival to the Emergency Department (ED). The patient was immediately placed in Droplet Precautions upon admission to the ED. Which of the following statements is true regarding the need for evaluating exposure to communicable illness?

- A. ED personnel should be evaluated for possible exposure.
- **B. Ambulance personnel should be evaluated for possible exposure.**
- C. Follow-up evaluation is not required for this laboratory finding.
- D. Follow-up evaluation is not necessary as the appropriate precautions were promptly instituted.

Answer: B

Explanation:

The correct answer is C, "Ambulance personnel should be evaluated for possible exposure," as this statement is true regarding the need for evaluating exposure to communicable illness. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the presence of Gram negative diplococci in a cerebral spinal fluid (CSF) specimen is suggestive of a serious bacterial infection, most likely *Neisseria meningitidis*, which causes meningococcal disease. This condition is highly contagious and can be transmitted through respiratory droplets or direct contact with respiratory secretions, particularly during procedures like intubation (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes). The patient was intubated during ambulance transport, creating a potential aerosol-generating procedure (AGP) that could have exposed ambulance personnel to infectious droplets before Droplet Precautions were instituted upon arrival at the Emergency Department (ED). Therefore, evaluating ambulance personnel for possible exposure is necessary to assess their risk and determine if post-exposure prophylaxis (e.g., antibiotics) or monitoring is required.

Option A (follow-up evaluation is not required for this laboratory finding) is incorrect because the identification of Gram negative diplococci in CSF is a critical finding that warrants investigation due to the potential for meningococcal disease, a reportable and transmissible condition. Option B (ED personnel should be evaluated for possible exposure) is less applicable since the patient was immediately placed in Droplet Precautions upon ED admission, minimizing exposure risk to ED staff after that point, though it could be considered if exposure occurred before precautions were fully implemented. Option D (follow-up evaluation is not necessary as the appropriate precautions were promptly instituted) is inaccurate because the prompt institution of Droplet Precautions in the ED does not retroactively address the exposure risk during ambulance transport, where precautions were not in place.

The focus on evaluating ambulance personnel aligns with CBIC's emphasis on identifying and mitigating transmission risks associated with communicable diseases, particularly in high-risk settings like ambulance transport (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This step is supported by CDC guidelines, which recommend exposure evaluation and prophylaxis for close contacts of meningococcal disease cases (CDC Meningococcal Disease Management, 2021).

References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents. CDC Meningococcal Disease Management, 2021.

NEW QUESTION # 156

A surgeon approaches an infection preventionist (IP) concerned that there are more surgical site infections (SSIs) in hysterectomies performed in the facility's stand-alone surgery center than in those performed in the acute-care operating room. The IP should

- **A. compare post-hysterectomy SSI rates in cases performed at the acute-care operating room with those performed at the surgery center.**
- B. compare the most recent post-hysterectomy SSI surveillance data from the surgery center with those of the previous 12 months.
- C. initiate post-hysterectomy SSI surveillance in hysterectomy patients to verify accuracy of current surveillance methodology
- D. initiate prospective surveillance for SSIs in hysterectomies performed at the stand-alone surgery center

Answer: A

Explanation:

The infection preventionist (IP) should start by comparing SSI rates between the acute-care operating room and the stand-alone surgery center. This direct comparison will help determine if there is a statistically significant difference in infection rates and guide further investigation.

Step-by-Step Justification:

- * Identify Trends:
 - * Compare SSI rates between the two locations over a set period to identify patterns.
 - * Assess Contributing Factors:
 - * Look at factors such as patient population, antibiotic prophylaxis, surgical techniques, environmental controls, and adherence to infection prevention protocols.
 - * Validate Surveillance Data:
 - * Ensure that consistent SSI surveillance methodologies are used at both locations to avoid discrepancies.
- Why Other Options Are Incorrect:
- * A. Initiate prospective surveillance for SSIs in hysterectomies performed at the stand-alone surgery center:
 - * Prospective surveillance is beneficial but does not immediately answer the surgeon's concern about existing infections.
 - * B. Compare the most recent post-hysterectomy SSI surveillance data from the surgery center with those of the previous 12 months:
 - * This approach only looks at trends at the surgery center without comparing it to the acute-care setting.
 - * C. Initiate post-hysterectomy SSI surveillance in hysterectomy patients to verify accuracy of current surveillance methodology:
 - * This step is secondary. Before initiating new surveillance, a direct comparison should be made using existing data.
- CBIC Infection Control References:
- * APIC Text, "Surgical Site Infection Surveillance and Prevention Measures".

NEW QUESTION # 157

Which of the following activities will BEST prepare a newly hired infection preventionist to present information at the facility's orientation program?

- A. Reviewing principles of adult learning
- B. Administering tuberculin skin tests to orientees
- C. Observing other departments' orientation presentations
- D. Meeting with the facility's leadership

Answer: A

Explanation:

The correct answer is C, "Reviewing principles of adult learning," as this activity will best prepare a newly hired infection preventionist to present information at the facility's orientation program. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education delivery, especially for healthcare professionals during orientation, relies on understanding adult learning principles (e.

g., andragogy), which emphasize learner-centered approaches, relevance to practice, and active participation.

Reviewing these principles equips the infection preventionist (IP) to design and deliver content that addresses the specific needs, experiences, and motivations of the audience—such as new staff learning infection control protocols—enhancing engagement and retention (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). This preparation ensures the presentation is tailored, impactful, and aligned with the goal of promoting infection prevention behaviors.

Option A (observing other departments' orientation presentations) can provide insights into presentation styles or facility norms, but it is less focused on the IP's specific educational role and may not address the unique content of infection prevention. Option B (meeting with the facility's leadership) is valuable for understanding organizational priorities and gaining support, but it is more about collaboration and context—setting rather than direct preparation for presenting educational material. Option D (administering tuberculin skin tests to orientees) is a clinical task related to TB screening, not a preparatory activity for designing or delivering an educational presentation.

The focus on reviewing adult learning principles aligns with CBIC's emphasis on evidence-based education strategies to improve infection control practices among healthcare personnel (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs).

This approach enables the IP to effectively communicate critical information, such as hand hygiene or isolation protocols, during the orientation program.

References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

NEW QUESTION # 158

Which of the following intravenous solutions will MOST likely promote the growth of microorganisms?

- A. 50% hypertonic glucose

- B. Synthetic amino acids
- **C. 10% lipid emulsions**
- D. 5% dextrose

Answer: C

Explanation:

10% lipid emulsions are the most likely to promote microbial growth because they provide an ideal environment for bacterial and fungal proliferation, especially *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *Candida* species. Lipids support rapid bacterial multiplication due to their high nutrient content.

Why the Other Options Are Incorrect?

- * A. 50% hypertonic glucose - High glucose concentrations inhibit bacterial growth due to osmotic pressure effects.
- * B. 5% dextrose - While it can support some bacterial growth, it is less favorable than lipid emulsions.
- * C. Synthetic amino acids - These solutions do not support microbial growth as well as lipid emulsions.

CBIC Infection Control Reference

APIC guidelines confirm that lipid-based solutions support rapid microbial growth and should be handled with strict aseptic technique.

NEW QUESTION # 159

An infection preventionist is reviewing practices in a facility's food preparation department. Which of the following practices should be revised?

- A. Maintaining hot food at 145° F (62.7° C) during serving
- B. Using a cutting board to cut vegetables
- C. Discarding most perishable food within 72 hours
- **D. Thawing meat at room temperature**

Answer: D

Explanation:

Thawing raw meat at room temperature is a major food safety violation because it allows bacteria to multiply rapidly within the temperature danger zone (40-140°F or 4.4-60°C). Meat should always be thawed in the refrigerator, under cold running water, or in a microwave if cooked immediately.

Why the Other Options Are Incorrect?

- * B. Using a cutting board to cut vegetables - This is safe as long as proper cleaning and sanitation procedures are followed.
- * C. Maintaining hot food at 145°F (62.7°C) during serving - 145°F is an acceptable minimum temperature for certain meats like beef, fish, and pork.
- * D. Discarding most perishable food within 72 hours - Many perishable foods, especially leftovers, should be discarded within 3 days, making this an appropriate practice.

CBIC Infection Control Reference

The APIC guidelines emphasize that raw meat should never be thawed at room temperature due to the risk of bacterial growth and foodborne illness.

NEW QUESTION # 160

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